

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

FD NO. HV264189

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

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|--|--|---|--|
| OFFICER INFORMATION  |  | INCIDENT INFORMATION  |  |
| NAME (LAST - FIRST - M.I.)<br>REY, VIOLET M  |  | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR<br>ADDRESS OF OCCURRENCE<br>2356 W 25TH ST<br>CITY <input checked="" type="checkbox"/> CHICAGO      STATE (If outside Chicago)<br><input type="checkbox"/><br>LOCATION CODE<br>303-SIDEWALK      BEAT OF OCCURRENCE<br>1034<br>DATE OF OCCURRENCE      TIME      DAY OF WEEK<br>30-APR-2012      02:51:00      MONDAY<br>NO. OF OFFICERS BATTERED      12<br>WERE THERE ASSISTING UNITS ON SCENE?      1. <input checked="" type="checkbox"/> YES      2. <input type="checkbox"/> NO<br>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ?      10   |  |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED   |  |   |  |
| <input checked="" type="checkbox"/> 1. ON DUTY<br><input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____<br><br><input type="checkbox"/> C. CITIZEN'S DRESS<br><input type="checkbox"/> D. TACTICAL<br><input type="checkbox"/> E. B.I.S UNIT<br><input type="checkbox"/> F. SPECIAL EMPLOYMENT<br><input type="checkbox"/> G. OTHER _____<br><br><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER        |  | WORKING:<br><input type="checkbox"/> A. ALONE<br><input checked="" type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS<br>How many? _____<br><br>PATROL TYPE:<br><input checked="" type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____   |  |
| TYPE OF ACTIVITY   |  |   |  |
| <input type="checkbox"/> A. AMBUSH -NO WARNING<br><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____      IUCR CODE _____ |  | (Check all that apply):<br><input type="checkbox"/> A. FIREARM CALIBER<br><input type="checkbox"/> 1. REVOLVER<br><input type="checkbox"/> 2. SEMI-AUTOMATIC<br><input type="checkbox"/> 3. RIFLE<br><input type="checkbox"/> 4. SHOTGUN<br><br><input checked="" type="checkbox"/> B. VEHICLE<br><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE<br><input checked="" type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE<br><br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. BLUNT INSTRUMENT<br>FIREARM USE INFORMATION      (Check all that apply):<br><input type="checkbox"/> A. OFFICER AT GUNPOINT<br><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED<br><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON |  |
| OFFENDER INFORMATION   |  |   |  |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F<br>RACE <input checked="" type="checkbox"/> BLACK<br>CB NO. _____      IR NO. _____<br><input checked="" type="checkbox"/> K. OTHER   |  | WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?      GANG RELATED?<br><input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES<br><input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO<br><input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN<br>NO. OF OFFENDERS PRESENT?      3  |  |
| TYPE OF INJURY TO OFFICER  |  | WEATHER CONDITIONS  |  |
| <input type="checkbox"/> A. FATAL<br><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)<br><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)<br><input checked="" type="checkbox"/> D. NONE APPARENT/NONE  |  | <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE<br><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL<br><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND<br>APPROXIMATE OUTDOOR TEMPERATURE:      35 °F   |  |
| LIGHTING CONDITIONS AT INCIDENT  |  |   |  |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR<br><input checked="" type="checkbox"/> 2. GOOD  |  | LOG # 1053667<br>Attachment # 133   |  |

REPORTING MEMBER - SIGNATURE  
REY, VIOLET M

STAR NO.  
3593

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
JOHNSON, EDDIE T

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